PTO/SB/30 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Request

for Continued Examination (RCE) **Transmittal**

Address to: Mail Stop RCE **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

d to respond to a collection of information unless it contains a valid QMB control number.					
Application Number	10/724,805				
Filing Date	December 1, 2003				
First Named Inventor	Mark Edward Bunnage				
Art Unit	1624				
Examiner Name	Thomas C. McKenzie				
Attorney Docket Number	PC10384B				

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8

1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.									
1. Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).									
a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.									
i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on									
li Other	Other								
b. Enclosed									
I. ✓ Amendment/Reply iii. Info	ormation Disclosure Statement (IDS)								
ii. Affidavit(s)/ Declaration(s) iv. Oth	ner Extention of Time								
2. (Miscellaneous)									
Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a									
C Other	a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)								
b. Other									
The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when to									
a. Deposit Account No. <u>16-1445</u> . I have enclosed a	The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 16-1445 I have enclosed a duplicate copy of this sheet.								
BCE for required under 27 CER 4 47(a)	5 DTESSEM1 00000006 161445 10724805								
ii. Extension of time fee (37 CFR 1.136 and 1.17)									
iii. Other01 FC:1801	770.00 PH								
b. Check in the amount of \$enc	dosed								
c. Payment by credit card (Form PTO-2038 enclosed)	·								
WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED									
Signature Mar Ole J. When all	Date Nov. 1,2005								
Name (Print/Type) Martha G. Munchhof	Registration No. 47,811								
CERTIFICATE OF MAILING OR TRANSMIS									
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.									
Signature									
Name (Print/Type) Madeline Deveran Yladelexi Lucron	Date //- /-05								
This collection of information is required by 37 CFR 1.114. The information is required to obtain or reta	in a benefit by the public which is to file (and by the LISPTO								

to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DATE

Signature

					Appr U.S. Patent and Trade	oved for use through 07/ mark Office; U.S. DEPA	31/2006. OMB 0651-0032 RTMENT OFCOMMERCE	
End of the contract of Contrac	Feet Appropriate Consolidated Appropriations Act, 2005 (H.R. 4818)			Complete if Known				
FEE TRANSMITTAL		Application Number		10/724,805				
	KAN	21411 1 A	L'	Filing Date	1	December 1, 2003		
for	r EV	2005		First Named Inventor		Mark E. Bunnag	ge	
for FY 2005		Examiner Name		Thomas C. McKenzie				
Applicant claims small	l status. Se	e 37 CFR 1.27		Art Unit		1624		
Total Amount of Pay		(\$) 7,90.00		Attorney Docket No.		PC10384B		
METHOD OF PAYME	NT (check				<u></u>			
☐ Check ☐ Cred	dit Card	☐ Money Ord	ler	□ None □	Other (please	identify):		
Deposit Account: D					count Name_			
For the above ident	tified depo	sit account, the Di	rector is au	horized to: (check all	that apply)	Flizer IIIC		
Charge fee(s) ir						d below, except	for the filing fee to	
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⊠Charge any add fee(s) under 37 CF			yment of		any overpayme	nts	•	
WARNING: Informat	ion on this	form may become	public. Cred	lit card information sh	ould not be incl	uded on this form	. Provide credit	
card information and	d authoriza	tion on PTO-2038	•					
EE CALCULATION			.,					
I. BASIC FILING FEE	En i	NG FEES	CE.	ARCH FEES	FVALUL	4.T.O.V. FEEO		
	FILI	Small Entity	3E/	Small Entity	EXAMINA	ATION FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees paid	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80 -		
Reissue	300	500	250	600	300			
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES	6							
For December						Foo (\$)	Small Entity	
Fee Description Each claim over 20 or Rei		h claim over 20 and	mare then in	the erisinal setest		Fee (\$)	<u>Fee (\$)</u>	
Each independent claim of	over 3 or for	Reissues, each ind	ependent clai	m more than in the origi	inal patent	50 200	· 25 100	
Multiple dependent claims	3				•	360	180	
Total Claims	20 or HP=	Extra Claims	Fee (\$)	Fee Paid (\$) <u> </u>	ultiple Dependent		
HP= highest number of		no poid for if area		_ =	_ Fee	(\$)	Fee(\$)	
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Indep. Claims	3 or HP=	Extra Claims	Fee (\$)	Fee Paid (\$)			
HP= highest number of	f total clair	ns paid for, if grea	ter than 20					
3. APPLICATION SIZE F	EE .							
If the specification and additional 50 shee	drawings ets or fracti	ion thereof. See 3	5 U.S.C. 41	(a)(1)(G) and 37 CFR	R 1.16(s).	(\$125 for small e	ntity) for each	
Total Sheets	- 100=	Extra Claims	Fee (\$) 50	Fee Paid (\$ (round up to a w		ultiple Dependent		
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4. OTHER FEE(S)							Fees Paid (\$)	
Non-English Specificat Other: RCE	ion, \$130	fee (no small entit	y discount)					
Other: RCE							790.00	
Submitted								
Name (Printed/Type)	Martha G	. Munchhof		Registration No. 47 (Attorney Agent)	,811	Telephone	860-715-4288	
				1 1om of rigority		_1	l .	

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and /or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-200-pto-9199 and select option2.